

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

Soft Contact Patch for Treatment of Amblyopia

Application Number :

Date :

First Named Applicant: Dr. Parsa Shahinpoor

Attorney Docket Number:

TOTAL FEE AUTHORIZED \$ 375

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	375	375
Subtotal For Basic Filing Fees: \$ 375			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 13	0	2202	9	0
Independent Claims : 1	0	2201	42	0
Subtotal For Extra Claims Fees: \$ 0				

AUTHORIZED BILLING INFORMATION**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Credit account number: 5511
Expiration Date (YYYYMMDD): 2004-01-31
Authorized name: Mohsen Shahinpoor
Billing address: 87108